

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Michael Wylie

Signature of Treasurer

Mr. Michael Wylie

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
11		25		2014

To:

M M	/	D D	/	Y Y Y Y
12		31		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		433429.72
(b) Cash on Hand at Beginning of Reporting Period.....	200709.27	
(c) Total Receipts (from Line 19)	19303.12	626134.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	220012.39	1059564.56
7. Total Disbursements (from Line 31)	6658.09	846210.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	213354.30	213354.30
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
11 25 2014

To:

M M / D D / Y Y Y Y Y
12 31 2014**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

17044.19

566232.29

(ii) Unitemized

252.01

24568.63

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

17296.20

590800.92

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

10000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

17296.20

600800.92

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

2006.92

24333.92

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

1000.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

19303.12

626134.84

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

19303.12

626134.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	658.09	13676.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	658.09	13676.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	808000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	9533.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	9533.33
29. Other Disbursements	0.00	15000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6658.09	846210.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6658.09	846210.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17296.20	600800.92
34. Total Contribution Refunds (from Line 28(d))	0.00	9533.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17296.20	591267.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	658.09	13676.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	658.09	13676.93

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harry Baum

Mailing Address 10315 Johnson Drive

City

Shawnee

State

KS

Zip Code

66203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sharon Lane Health Services

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2014

Transaction ID : C2898811

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

B. Michael Beal

Mailing Address 10 Glenwood Road

City

Windham

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2014

Transaction ID : C2898839

Amount of Each Receipt this Period

56.25

Full Name (Last, First, Middle Initial)

c. Lyn C. Bentley

Mailing Address 2212 Hidden Valley Ln

City

Silver Spring

State

MD

Zip Code

20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Regulatory Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

958.18

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : C2917936

Amount of Each Receipt this Period

124.98

* Payroll Deduction: \$41.66 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

806.23

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas Burr

Mailing Address 11851 Wilde Run Court

City State Zip Code
 Roswell GA 30075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Navigator LLC

Occupation

VP of Finance, Reimbursement & Gov't R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 25 2014

Transaction ID : C2900132

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Steven E. Chies

Mailing Address 7651 Old Central Ave NE

City State Zip Code
 Fridley MN 55432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Benedictine Health System

Occupation

Senior VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 12 2014

Transaction ID : C2887150

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peter Corless

Mailing Address 3308 Overlook Ridge Rd

City State Zip Code
 Prospect KY 40059-8577

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Regional Multi-Facility Liaison

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : C2917937

Amount of Each Receipt this Period

60.00

* Payroll Deduction: \$20.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

635.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary Tess Crotty

Mailing Address 6 Munroe Drive

City

Rockport

State

MA

Zip Code

01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis Health Care

Occupation

VP, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 11 / 2014

Transaction ID : C2882888

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Joanne E Erickson

Mailing Address 911 S Randolph St

City

Arlington

State

VA

Zip Code

22204-1564

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Editor in Chief, Provider Magazine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

956.56

Date of Receipt

12 / 31 / 2014

Transaction ID : C2917939

Amount of Each Receipt this Period

130.44

* Payroll Deduction: \$43.48 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Patrick Fairbanks

Mailing Address 19915 Nina St.

City

Omaha

State

NE

Zip Code

68130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vetter Health Services

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 25 / 2014

Transaction ID : C2900133

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

430.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 22
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julie Fox Cash

Mailing Address 1536 Claiborne Ave

City

Shreveport

State

LA

Zip Code

71103-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Claiborne Health Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : C2917935

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lee Goodwin

Mailing Address 805 W. 3rd

City

Clarksville

State

TX

Zip Code

75426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reliant Rehabilitation

Occupation

Director of Rehabilitation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : C2917932

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William J. Griffith

Mailing Address 1421 T Street, NW
Apt. #1

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Manager, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.09

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : C2917940

Amount of Each Receipt this Period

62.49

* Payroll Deduction: \$20.83 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1062.49

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 10 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer S Hahs

Mailing Address 12423 Flint Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

956.56

Date of Receipt

12 / 31 / 2014

Transaction ID : C2917941

Amount of Each Receipt this Period

130.44

* Payroll Deduction: \$43.48 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Dana Halvorson

Mailing Address 235 2nd St NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director, Not For Profit Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.66

Date of Receipt

12 / 31 / 2014

Transaction ID : C2917942

Amount of Each Receipt this Period

31.26

* Payroll Deduction: \$10.42 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Laura Hamann

Mailing Address 23332 Red Arrow Highway

City

Mattawan

State

MI

Zip Code

49071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bronson Nursing and Rehab Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

12 / 31 / 2014

Transaction ID : C2916620

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

361.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Herrick

Mailing Address 33 Elk Street

City

Albany

State

NY

Zip Code

12207

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYS Health Facilities Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 07 / 2014

Transaction ID : C2880335

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robin L. Hillier

Mailing Address 4433 Pebble Creek Ln

City

Long Grove

State

IL

Zip Code

60047-5283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Point Rehab and Nursing Center

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 20 / 2014

Transaction ID : C2898808

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Johnson

Mailing Address 9403 Mill Brook Road

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Association of Health Care Fa

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 21 / 2014

Transaction ID : C2898835

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 22
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carole Jones

Mailing Address 5601 Seminary Road, Apt. 2505N

City State Zip Code
 Falls Church VA 22041

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Health Care Association

Occupation
 Executive Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 15 2014

Transaction ID : C2917934

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Cheryl Killian

Mailing Address 3801 Woodside Dr

City State Zip Code
 Arlington TX 76016-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Legacy Care Centers Inc.

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 29 2014

Transaction ID : C2916713

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. David A Kylo

Mailing Address 4621 28th Road South

City State Zip Code
 Arlington VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
 National Center for Assisted Living

Occupation
 Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2391.40

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : C2917944

Amount of Each Receipt this Period

326.10

* Payroll Deduction: \$108.70 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

426.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry F. Lane

Mailing Address 1616 Stephens Dr

City State Zip Code
Wayne PA 19087-1023

FEC ID number of contributing federal political committee.

C

Name of Employer

Genesis

Occupation

Sr VP, Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 22 2014

Transaction ID : C2906936

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Meg LaPorte

Mailing Address 7708 Meadow Lane

City State Zip Code
Chevy Chase MD 20815

FEC ID number of contributing federal political committee.

C

Name of Employer

AHCA/NCAL

Occupation

Senior Policy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 31 2014

Transaction ID : C2917945

Amount of Each Receipt this Period

43.74

* Payroll Deduction: \$14.58 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Sarah L. Marks

Mailing Address 289 Mountain Road

City State Zip Code
Abton VA 22920

FEC ID number of contributing federal political committee.

C

Name of Employer

Consulate Management

Occupation

VP of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 05 2014

Transaction ID : C2880227

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1543.74

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 22
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Norsworthy

Mailing Address P.O. Box 180

City State Zip Code
 Gateway AR 72733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Arkansas Nursing

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : C2903042

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Julie C Painter

Mailing Address 5023 Waple Ln

City State Zip Code
 Alexandria VA 22304-7727

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Vice President of Constituency Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.28

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : C2917946

Amount of Each Receipt this Period

65.22

* Payroll Deduction: \$21.74 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Christopher Parks

Mailing Address 1730 Truro Rd

City State Zip Code
 Crofton MD 21114-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director of IT and Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

469.49

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : C2917947

Amount of Each Receipt this Period

62.49

* Payroll Deduction: \$20.83 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5127.71

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 22
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clifton Porter

Mailing Address 3929 Azalea Court

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Health Care Association

Occupation
 SVP Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : C2917948

Amount of Each Receipt this Period

576.93

* Payroll Deduction: \$192.31 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Gary Porter

Mailing Address PO Box 128

City State Zip Code
 Ardmore OK 73402

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Premier Health Care, LLC

Occupation
 Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2014

Transaction ID : C2898810

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Martin Porter

Mailing Address PO Box 128

City State Zip Code
 Ardmore OK 73402-0128

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Premier Health Care, LLC

Occupation
 COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2014

Transaction ID : C2898809

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3076.93

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Katherine Preede

Mailing Address 1200 S Courthouse Road
Apt 428

City State Zip Code
Arlington VA 22204

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHCA/NCAL

Occupation

Director, Membership & Business Develo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.09

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : C2917949

Amount of Each Receipt this Period

62.49

* Payroll Deduction: \$20.83 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Shawn Scott

Mailing Address One Medline Place

City State Zip Code
Mundelein IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline

Occupation

Senior VP HC Corporate Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2014

Transaction ID : C2898838

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Christina L Sharp

Mailing Address 1644 Mount Eagle PI

City State Zip Code
Alexandria VA 22302-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.67

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : C2917951

Amount of Each Receipt this Period

31.26

* Payroll Deduction: \$10.42 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

343.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer S Shimer

Mailing Address 9507 Shelly Krasnow Ln

City
Fairfax

State
VA

Zip Code
22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.45

Date of Receipt

12 / 31 / 2014

Transaction ID : C2917952

Amount of Each Receipt this Period

136.35

* Payroll Deduction: \$45.45 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. James W. Unverferth

Mailing Address 1100 Shawnee Rd

City
Lima

State
OH

Zip Code
45805-3529

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCF Management, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 26 / 2014

Transaction ID : C2900153

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Robert L. Wehner

Mailing Address 4935 Lafayette Plain City Rd.

City
London

State
OH

Zip Code
43140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wesley Glen

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

12 / 09 / 2014

Transaction ID : C2898075

Amount of Each Receipt this Period

68.75

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1455.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nile Whitney

Mailing Address 3448 Hidden Valley Rd.

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2014

Transaction ID : C2906938

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00

17044.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 22

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DUFFY FOR CONGRESS

Mailing Address PO Box 538

City

Wausau

State

WI

Zip Code

54402

FEC ID number of contributing
federal political committee.

C

C00464339

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

6.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : C2916621

Amount of Each Receipt this Period

6.92

Partial Refund of 9/9/2014 Contribution

Full Name (Last, First, Middle Initial)

B. FITZPATRICK FOR CONGRESS

Mailing Address PO Box 185

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing
federal political committee.

C

C00475103

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : C2917933

Amount of Each Receipt this Period

2000.00

Refund of 10/14/2014 Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2006.92

2006.92

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 22

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City State Zip Code
Phoenix AZ 85072-3773
Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 24 2014

Transaction ID : D164337

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City State Zip Code
Phoenix AZ 85072-3773
Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 26 2014

Transaction ID : D164338

Amount of Each Disbursement this Period

12.52

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City State Zip Code
Phoenix AZ 85072-3773
Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 29 2014

Transaction ID : D164339

Amount of Each Disbursement this Period

10.40

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.92

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

A. BB&T Merchant Services

Mailing Address PO Box 200

City	State	Zip Code
Wilson	NC	27894-0200

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Three digital displays showing the date 12/15/2014 in MM/DD/YYYY format. The first display shows '12' with 'M' labels above. The second shows '15' with 'D' labels above. The third shows '2014' with 'Y' labels above.

Transaction ID : D164336

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City	State	Zip Code
Washington	DC	20001-4452

Purpose of Disbursement	Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
12 22 2014

Transaction ID : D164334

Amount of Each Disbursement this Period

313.35

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1099 New York Ave NW
Ste 100

City	State	Zip Code
Washington	DC	20001-4452

Purpose of Disbursement	Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D164335

Amount of Each Disbursement this Period

69.10

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

515.17

658.09

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bluegrass CommitteeMailing Address 400 N Capitol St NW
#585

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2014

Transaction ID : D163040

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MORAN FOR KANSAS

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement
Contribution

Candidate Name

Sen. Jerry MoranOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2014

Transaction ID : D162917

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Turquoise PACMailing Address 1050 17th St NW
Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2014

Transaction ID : D163041

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

6000.00
